

## **BUILDING PERMIT CHECKLIST**

Project Address \_\_\_\_\_

Date \_\_\_\_\_

Property Owner \_\_\_\_\_

Contractor \_\_\_\_\_

**\*\*\*Please submit the documents required for your project\*\*\***

	Required Y/N	Provided Y/N	N/A	Contact Info (If applicable)	Comments
Site Plan					
Floodplain Dev. Permit					
Engineered Foundation Plan					
Energy Code Compliance					
Septic tank & field location				CC Health Dept 607-737-2019	
Utility Location					
Sewage Disposal Approval				CC Health Dept 607-737-2019	
Sewer Connection Approval					
Existing & Proposed Lot Coverage					
Water Connection Approval					Waiver Y/N
Driveway Approval					
Workers' Comp Insurance <a href="http://www.wcb.state.ny.us">www.wcb.state.ny.us</a> Form CE-200					
SWPP & Notice of Intent to DEC					
Smoke Detectors - Retrofit					
Stamped Engineered Drawings (2 sets)					
Planning Dept Approval					

**Prior to issuance of a building permit, required information must be provided.**

**Failure to provide all information necessary may result in a delay.**

**Review process may take several business days,**

**Please plan accordingly.**